IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Art Unit : 3751
Examiner : Amanda R. Flynn
Serial No. : 09/839,643
Filed : April 20, 2001
Inventors : Gad Keren
: Randy Kesten
Title : METHODS AND
: APPARATUS FOR
: REDUCING LOCALIZED
: CIRCULATORY SYSTEM
: PRESSURE

Docket: 12191-01

Confirmation No.: 2139

Dated: November 12, 2002

Commissioner for Patents
Washington, DC 20231

Sir:

Certificate of Mailing Under 37 CFR 1.8

For

Postcard
Amendment Transmittal Letter, in duplicate
Amendment

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to the Commissioner for Patents, Washington, DC 20231, on the date appearing below.

Name of Applicant, Assignee, Applicant's Attorney
or Registered Representative:

Schnader Harrison Segal & Lewis
Customer No. 022469

By: _____

Date: _____November 12, 2002_____

Attorney Docket No.: **1291-01**

In re Application of Gad Keren et al

Serial No.: 09/839,643

Filed: April 20, 2001

For: METHODS AND APPARATUS FOR REDUCING LOCALIZED CIRCULATORY
         SYSTEM PRESSURE

COMMISSIONER FOR PATENTS
Washington, DC 20231

Sir:

Transmitted herewith is an Amendment in the above-identified application.

_   Small entity status of this application under 37 CFR §1.9 and §1.27 has been
        established by a verified statement previously submitted.

_   A verified statement to establish small entity status under 37 CFR §1.9 and §1.27
        is enclosed.

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TECHNOLOGY CENTER R3700

_   No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NO. PRE-VIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA	SMALL ENTITY RATE	SMALL ENTITY ADD'L FEE	OR	OTHER THAN SMALL ENTITY RATE	OTHER THAN SMALL ENTITY ADD'L FEE
TOTAL	20	-	** 20 =	0	x 9=	$		x18=	$
INDEP.	4	-	*** 3 =	1	x42=	$42		x84=	$
First presentation of multiple dependent claim					+140=	$		+280=	$

TOTAL ADDITIONAL FEE $42   OR___ $0

*   If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
**   If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20,
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The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.
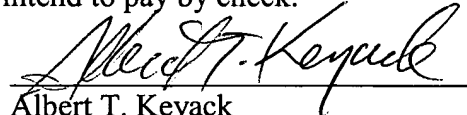
_____ Please charge my Deposit Account No. 13-3405 in the amount of $_____.
A duplicate copy of this sheet is enclosed.

<u>X</u>   A check in the amount of $42.00 is attached.

<u>X</u>   The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 13-3405. A duplicate copy of this sheet is enclosed.

    <u>X</u>   Any filing fees under 37 CFR §1.16 for the presentation of extra claims.

    <u>X</u>   Any patent application processing fees under 37 CFR §1.17 with the exception of the Issue Fee which we intend to pay by check.

Albert T. Keyack
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Attorney for Applicant(s)

ATK:gj
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